



*Deep Listening. Fostering Trust. Bridging Communities.*

# **Milwaukee County Mental Health Community Conversation**

## **Dialogue Report**

May 2017



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## Executive Summary

The Milwaukee County Mental Health Community Conversation took place on May 4, 2017 at the Hillside Terrace Resource Room in Milwaukee. This report represents participant responses during facilitated listening circles and on feedback forms.

During the dialogue, Zeidler Center facilitators asked participants to respond to three rounds of questions:

Round One: "What BHD [Behavioral Health Department] community services--services you've seen or experienced in your personal or professional life--have made an impact in your life or with someone you know? What was the service and what was the impact?"

Round Two: "What barriers, if any, have you heard about or personally experienced in receiving mental health services?"

Round Three: "How could accessibility to mental health services be improved and the path to treatment clearer?"

In addition, participants were invited to engage in Connected Conversation, guided by the following prompts:

"What could BHD or the Mental Health Board do to improve the budget process? Have you heard something that stirred fresh thoughts or feelings? Is there something someone said that you'd like to understand better?"

Finally, participants completed the dialogue by sharing their final comments with the group during the Parting Words portion.

During Round One, participants openly shared their personal and professional experiences with the BHD mental health services. They described the impact these services had them, as well as on their peers, family members, and clients. During this conversation, participants were also concerned about the limitations of BHD services, particularly housing, holistic care integrated with trauma services, and crisis services: "Some areas are thriving, but when people are symptomatic we get calls out of desperation." Participants also reflected on mental health services beyond BHD, including family and community support, and the police department.

During Round Two, participants described the main barriers to receiving mental health services. Participants generally agreed that the largest barriers were structural, including health insurance costs, lack of local services, and a lack of transportation. As one participant put it, "Cost is always a barrier, depending upon the kind of insurance they have or can afford." Participants also discussed the problem of discontinuing care and its impact on patients' path to treatment. In addition, participants weighed in on how stigma and a lack of education

surrounding mental health issues also act as barriers to care: “People feel mental health persons are treated like criminals.”

In Round Three, participants discussed ways to increase accessibility to mental health services. Participants felt that there were services available, but barriers to access were created because the public was not aware of these services. Participants felt it was important to bring greater awareness to these services by connecting them at the community and familial level: “Mental health conversations need to happen with kids and families too, and centers need to be placed in communities where the services are accessible and needed.” Other barriers that participants identified were stigma, the interference of the criminal justice system with treatment, and the lack of housing options, particularly for people who were homeless and had mental health issues.

During the Connected Conversation, participants used this opportunity to touch on the impact of racism and the historical trauma of slavery on mental health in their communities. As one participant noted, “We carry the trauma of seven generations.” Participants also revisited the need to have a mental health budget that supported not only treatment but also making sure people were provided with housing, which participants saw as directly connected to mental health.

Overall, the questions asked in these listening circles contributed to participants’ motivation to build awareness and become more actively involved in creating “what will become the new system of care.” For the Parting Words portion of the dialogue, participants shared their final reflections and left optimistic, with hopes to continue to have open and diverse conversations about mental health services. Together, this mutual sharing of personal and professional experiences and the discussion of barriers and solution to access and treatment, contributed to a greater awareness of the many challenges impacting mental health services in the community.

**Questions about this report may be directed to:**

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## Analysis

### 1 Question/Round 1: “What BHD community services—services you’ve seen or experienced in your personal or professional life—have made an impact in your life or with someone you know? What was the service and what was the impact?”

*“Our youth will not go to an adult shelter. It’s not a safe place. They’d rather sleep on [the] street.”*

*“My cousin...served in ‘Nam [Vietnam] and came home and lived with mental health [issues]. That all created a circle of broken relationships. It was difficult to find services for him.”*

Participants reflected on their personal and professional experiences with BHD services, and how it had impacted their peers, family, and clients dealing with mental health issues. In particular, their discussion centered on the lack of availability of housing services, the integration of trauma services into a holistic model of care, and the concern of operating in crisis mode. In addition to the formal services offered via BHD (e.g., housing, trauma, and crisis), participants also reflected on services beyond BHD, including family and community support and the police department.

#### 1.1 Existing Services to Address Mental Health Issues via BHD

##### 1.1.1 Housing Services

Participants shared personal and professional stories connecting mental health issues with housing services. Participants felt that housing and residential treatment services were important components of mental health service. One participant shared the impact residential treatment and housing had on her mother:

*“My experience is with services is with Detox Service and Residential Treatment and I’ve seen the impact on these services in my personal life dealing with my mom about 15 years ago. She was at Meta House. Without that opportunity for her to get those services I don’t know [what we would’ve done].”*

Another participant noted that there needed to be more housing options available to support young people with mental health issues: “There is a need for more group homes for young adults trying to recovery.” This comment echoed other participants’ views on providing housing, including treatment and foster home services for young people, as part of mental health.

Other participants expressed that more could be done to improve housing options for people suffering from mental health issues: “I struggle with BHD working with housing. We need the service to be more beneficial to house those who are in need.” Another participant

also felt that the housing services offered by mental health services did not meet people's psychological needs:

"My brother, he stays in a group home, [but] the staff are unqualified to deal with psychosis treatment. What I saw is that that made the situation worse. Mental health is complicated [in order for] services to work out, but my brother was triggered a lot and still is. This led to police coming out [to his group home] and police don't know how to quiet or calm somebody in a crisis like that."

### **1.1.2 Trauma Services**

Participants expressed the need to update trauma services to holistically address a person's mental health challenges. Several participants explained the need for services that combined trauma programs, as well as other services, around a person-centered care framework:

"Case managers become managers of cases; then they struggle with person-centered culture, trauma-informed because systems of care are outdated."

"I am concerned that people receive holistic help: PTSD [post-traumatic stress disorder], cognitive impairment, diet...many issues. I have been impressed that the County Supervisors are learning about this and promoting holistic care."

Other participants talked about services available for people suffering from PTSD. One participant described a lack of available services, while another participant expressed contentment with person-centered services available to people with PTSD:

"My cousin...served in 'Nam [Vietnam], and came home and lived with mental health [issues]...It was difficult to find services for him."

"My cousin who's a veteran with PTSD... I saw a transformation of BHD community services and am proud of this...I was able to see community-based living and community mental health programming. It was a powerful learning experience...This professional observation makes me proud and know that community-based efforts are where individuals with mental illness can thrive and feel human more than in a hospital setting."

### **1.1.3 Crisis Services**

Participants spoke at length about the advantages and disadvantages of crisis services available to people with mental health issues:

"Lots of services are crisis intervention/stabilization."

"There is intervention in crisis. There is a team approach. Mentors can make a big difference. They can help to build on small successes to come to strength."

Despite the positive aspects that crisis services offered people, several participants felt that BHD over relied on crisis services. One participant felt that crisis services were effective, but in many cases were not quick enough to respond to mental health crises:

"Crisis workers are effective and useful. They develop relationships that make a difference...[But I had a bad experience with one crisis program:] The families I work with are not calling for their help because their response time is slow. The crisis is over before they respond."

Other participants felt that mental health services relied on operating in crisis mode, rather than working upstream to help people before a crisis emerged. As one participant put it, "If we're going to spend money for these services, we need to do it where people already are instead of when a crisis occurs." Similarly, another participant expressed that they were meeting people and addressing their mental health issues too late: "Some areas are thriving, but when people are symptomatic we get calls out of desperation."

Participants felt that a reliance on crisis services as a quick way to address mental health was a disservice to patients. One participant explained a particular case where, "[t]he patient decompensated further in front of us and we repeated a cycle of 'quick care' that isn't in the best interest of patients."

## **1.2 Community and Family Impact on Mental Health**

### **1.2.1 Community and Family Impact on Mental Health**

Participants talked about the involvement of the community and family with people experiencing mental health challenges. In general, as one participant put it, "the biggest impact in working with our client is the fact that they have someone that will support them, and they can depend upon." Most participants saw these peer and familial connections as having a positive influence on mental health. One participant noted this by saying, "I was able to see community-based living and community mental health programming. It was a powerful learning experience."

Another participant attributed services linked to the community as having an important impact on his/her sister:

"[M]y sister...was diagnosed with an anxiety disorder in a Milwaukee County crisis center...It saved my sister and my family. She never went back into care because staff explained to us all that was going on. She was able to get stable in the community and got better. This was a major success."

### **1.2.2 Law Enforcement Impact on Mental Health**

Several participants reflected negatively on the involvement of police services in mental health incidents, noting the need to "de-escalate when in crisis, rather than call MPD [Milwaukee Police Department][which] it escalates the situation...their presence tends to make the situation worse."

Another participant saw the role of the police as intermediary in helping people to safely receive the health services they needed. The participant explained working at the Warmline crisis line at BHD with a young woman who was:



"[S]piraling out of control. I stayed on the phone with her while we sent help to her. She agreed to go to the police to get her to an emergency room. We kept her safe and got her the help she needed."

As with housing services, participants also expressed concern about youth with mental health problems ending up in prison rather than receiving mental health treatment:

"[T]hey [young people between the ages of 16 and 24] don't fare well because they're the ones that [end] up in prison. Our programs in place are designed to alleviate that so they can make a successful transition from young to adulthood."

In addition to individual mental health incidents involving the police, several participants pointed to the larger structural problems of the prison system and mental health services. Participants felt that the prison system was incorrectly being applied in place of mental health services. One participant drew upon the experience of his own son, who did not get mental health services early on and ended up in prison instead:

"I feel the lack of services, the inability to get him [my son] committed, contributed to his subsequent incarceration in the prison system. The cycle [from mental health issues to prison] needs to be changed. He needed mental health services early, was not able to get them and his life has suffered tremendously."

## 2 Question/Round 2: “What barriers, if any, have you heard about or personally experienced in receiving mental health services?”

*“Cost is always a barrier, depending upon the kind of insurance they have or can afford.”*

*“[T]hey have to wait 6-7 months with no help. ‘They can’t get me in.’ It’s heartbreaking; we want to be able to give services when needed.”*

When asked to describe the barriers to receiving mental health services, many participants pointed to structural barriers. These structural barriers included high health insurance costs, a lack of local services, and a lack of transportation to services. Participants also identified problems in the continuation of care for patients as a barrier to receiving quality mental health services. Other barriers included the stigmatization of people with mental health issues, and the need to better educate society on mental health issues.

### 2.1 Structural Barriers to Receiving Mental Health Services

#### 2.1.1 Costs

Participants shared how high costs impacted patients’ mental health and the quality of services they received. For many participants, they identified high health insurance costs as a significant barrier to receiving mental health services. One participant shared an example of a college friend with mental health issues who went to a psychiatry facility for care:

*“It wasn’t access to treatment that was the issue, the issue was when he got out he got a huge bill because insurance didn’t cover the treatment. This financial barrier really set him back and disrupted him mentally. The depression got worse because of financial problems.”*

In this case, the high costs of treatment became an added burden to the patient’s mental health.

Other participants expressed concern about the high costs of mental health services, and its impact on the quality of care. One participant explained that in addition to the shortage of psychologists, there was a shortage of psychologists that accepted patients with Medicaid:

*“The situation is bad because many doctors overbook making it difficult to get quality help. These patients are not given the same treatment level that those who can afford private practitioners are given.”*

In addition to high health insurance costs, participants felt that these structural barriers impacted how mental health services were delivered, resulting in compromised quality of care for low-income patients.

#### 2.1.2 Transportation and Location of Services

Participants also expressed concern about the availability of mental health services where people lived. This problem included a lack of transportation options to get patients to mental health facilities, as well as a lack of local mental health facilities where patients lived. As one participant explained, “Location and transportation needs to be where services are in need.”

Participants attributed these problems of transportation and location to a lack of funding for mental health services. As one participant put it, "There is a lack of money for services. Transportation to services is necessary, and more local services are needed."

Another participant expressed concern about the lack of transportation to mental health services as being a problem for both patients as well as for volunteers working at mental health facilities:

"[The] MH complex located on Watertown Plank Road is far away. It takes 3 buses [to get there] because they're not [located] in the community. This is huge for volunteers and walk-ins; for parents with adult children there is no solution."

## **2.2 Discontinuation of Care**

Several participants identified the discontinuation of care as a significant barrier for patients to receive quality mental health services. Even once patients accessed mental health services, participants pointed out the additional barrier of making sure patients remained engaged in care despite complicating issues:

"Sometimes a person is receiving services, but has family difficulties and misses sessions. If they drop four sessions then they can be denied services...This is very problematic because the client/professional relationship is broken. So if someone is not functioning at their best they get kicked out? This is not helpful."

Many participants were frustrated about policies that "kicked out" patients from care, noting that the problems keeping them from coming to their sessions were related to their mental health issues.

In addition to rules that denied patients with access to care, participants were also concerned about waitlists for mental health services. Participants explained that the waitlists for services can lead to patients leaving care: "The waiting time for services can be a deterrent. They come expecting to receive services but the time they have to wait seems to add more stress to their situation."

In addition to waitlists, participants also saw that exchange of information from one mental health service to another resulted in delays for patients:

"When released from private facility with private social workers, patient's information needs to get to county in a timely manner, but it can take 6 weeks for county social workers to get info."

In this case, the patient had to wait for their case to be passed from the private sector to the public sector, resulting in significant delays.

## **2.3 Stigma**

Another barrier to receiving mental health services brought up by participants was the stigma of having mental health issues. As one participant put it, "My double greatest concern is the stigma of mental health issues. We have to navigate these issues skillfully. We need advocates."

Several participants felt that people with mental health issues were viewed negatively in society due to a lack of education and advocacy in the community about mental health. One

participant described the negativity surrounding people with mental health issues as likening them to “criminals”:

“People feel mental health persons are treated like criminals. When police calls to BHD and are told to take them to jail and not to mental health facility people end up in incarcerated when they should be in the hospital.”

Participants explained that this stigma held not only for patients, but for providers as well. One participant explained that they were “concerned about the perception that mental health professionals are in the field because they need help themselves.”

Participants also saw this stigma embedded in the care patients received. One participant described how staff can also stigmatize their patients and how this can be detrimental to patient care:

“Staff can have low expectations for people with mental health...BHD can’t put a ceiling on how high people can go with or without their mental health symptoms. There need to be high expectations. It is important to train people and do stigma reduction work.”

The participant felt that mental health service providers needed to be trained and educated in order for stigma of patients to be reduced.

## **2.4 Educating**

Participants felt that the stigma surrounding people with mental health issues was a result of a lack of education and understanding of mental health in society. One participant felt that this stigma also contributed to students avoiding to engage in psychiatric health studies:

“[R]eferrals to psychiatric health care are still perceived negatively. At UWM [University of Wisconsin-Milwaukee], undergraduate-level students avoid the field. I felt they need more exposure to this field as students.”

Other participants echoed this sentiment, noting that the barriers to mental health services often began in the education system.

Other participants explained that better educating society about mental health would break down barriers and create awareness of what mental health was. By educating the public about mental health, many participants felt that mental health issues could be addressed earlier upstream and could potentially avoid crises:

“[E]ducation is so important whether we start in schools; with teachers, parents, and lots of community education. You can really identify services and this needs to be done at the beginning when the symptoms are forming that is better than later.”

Another participant saw barriers in the education system that limited the number of mental health professionals of color: “We need a better emphasis in the educational system to get people of color to enter the BH field.”

### 3 Question/Round 3: How could accessibility to mental health services be improved and the path to treatment clearer?

*"Services work better when you have the whole family involved."*

*"Shelters are becoming 'de facto' mental health service providers. There is no other place they can go."*

In the final round of questions, participants shared their ideas about how to increase accessibility to mental health services. Many participants believed that there were indeed several services available to the public, but the problem was that people did not know what these services were. Participants felt that greater awareness of what services could be accessed should be aimed at the community and familial level. Other barriers to access and treatment were the stigma surrounding people with mental health issues, the interference of the criminal justice system with people's care, and the limitations of housing services, particularly for the homeless.

#### 3.1 Improving Awareness to Access

##### 3.1.1 Building Community Awareness

Participants saw that the problem of access was hampered by a lack of awareness in the community of what services were available to people with mental health issues. Participants felt that increasing awareness and education of mental health at the community level, as well as with families, would lead to better access of services:

*"I want to have more honest and fearless conversations with community members. Like this [dialogue we're having right now]. Mental health conversations need to happen with kids and families too, and centers need to be placed in communities where the services are accessible and needed."*

As one participant explained, getting the word out to the community about available services could help patients upstream rather than waiting until crisis mode to access services:

*"We need to increase community awareness. If someone needs a therapist do they know that the County has services available? Do they know there is a four-page application online? Parents in crisis don't know that services are available...It will be helpful if people have the information about the County services and how to access them."*

Other participants felt that aligning services to match community needs could better facilitate accessibility to mental health services:

*"We need a greater variety of services in the community by members of the community so it's sensitive to the needs of the community."*

Despite these challenges in creating community awareness of mental health services, one participant shared growing success in this area.

"There are to be new community centers on the North side and the South side. Community-based services will now be integrated at these sites. Services will be provided by zip code."

The participant saw the integration of these centers in more communities, with a focus on community-based care, as a way to facilitate accessibility to mental health services.

### **3.1.2 Building Family Involvement**

In addition to building community awareness, several participants saw the need to increase family awareness and involvement into mental health services in order to facilitate access. Many participants identified families as an important source of support for people dealing with mental health issues. As one participant put it, "People need to know its ok to turn to parents and ok to reach out." Participants felt that mental health services should be framed around the family, rather than individuals: "There needs to be more prevention support and services for families."

Other participants echoed this concern, noting the importance of peer and family involvement beyond simply mental health facilities, such as in the community or in schools: "There could be some place like a School-Based Clinic at each school where families can go when the problem is happening."

## **3.2 Breaking Down Stigma**

Another roadblock to accessibility that participants identified in their discussion was stigma. Participants felt that the stigma surrounding mental health issues prevented people from accessing the proper care they needed. To combat stigmatization and encourage people to access services, participants felt that education was key to teaching others about mental health:

"Stigma is still real when it comes to mental health; that's why education is so important. People with mental health issues are looked at so different than those with cancer."

Other participants agreed that educating the public about mental health was needed in order to increase access to services. One participant felt that this education needed to start early in order to increase awareness and to start lowering stigma: "Beginning in kindergarten, we need to teach to de-stigmatize mental health."

## **3.3 Criminal Justice System**

Participants expressed concern about the involvement of the criminal justice system in mental health, and how their involvement often interfered with access to services. One participant explained the need to educate the police on how to response to people with mental health issues in order to decrease stigma and address access problems to services:

"Ensure that the police are getting trained for dealing with mental health trauma and become familiar. So if people call 911 police can direct them to the right place. Then stigma/fear can be eliminated."

Other participants shared personal experiences with family members who had encountered barriers to mental health services because of police involvement. One participant spoke about his nephew, who was diagnosed with a bipolar disease, and the poor mental health treatment he received while in jail:

"Accessibility to mental health services in the county jail downtown is really bad...[My nephew] was without his meds for 5 days in the county jail because they wouldn't let him have them. Now he has to start over in his treatment. I'm in the system, but am as paralyzed as everyone else in trying to get him mental health meds and help, much less opioid treatment. It is so terrible our criminal justice system. Until there is change in it, it is a huge problem!"

The participant was alarmed at the level of care given to his relative while in jail, and felt that, in his experience, the criminal justice system created barriers to access mental health services.

### **3.4 Housing**

Many participants expressed concern about the lack of housing options available to people with mental health issues, especially for the homeless with mental health issues. Participants felt that without being able to maintain housing for people with mental health issues, it was difficult to ensure access and continuity of services:

"Our shelter is funded by Milwaukee County and we have a 30-day limit for those staying with us. We can't get them into housing in such a short period of time."

Participants shared the need to actively find housing for the homeless in order to facilitate their access to mental health services:

"The homeless living under bridges...I feel that we should create teams to go out into the community to reach out to those that are homeless and struggling with mental health issues."

## **4 Connected Conversation: What could BHD or the Mental Health Board do to improve the budget process? Have you heard something that stirred fresh thoughts or feelings? Is there something someone said that you'd like to understand better?**

*"Racism is a form of mental health."*

*"Mental health needs more money invested in it and if not done right this are going to be way worse."*

The Connected Conversation portion of the dialogue continued to address the ongoing issues impacting mental health services. Participants described the impact of racism on mental health and the need to acknowledge the historical trauma of slavery in their communities. Participants

also brought up again the need for proper budgets to address the ongoing shortages in mental health services, such as housing.

### **3.5 Historical trauma**

Participants reflected on past atrocities in their communities, and the need to recognize and acknowledge the historical burden of slavery on mental health: “We carry the trauma of seven generations.”

### **3.6 Budget**

Participants felt that the current budget for mental health was inadequate. In particular, participants were concerned about the lack of financial support for housing for people with mental health issues. One participant felt that mental health treatment was directly connected to housing, and to not spend adequate resources on housing was detrimental to a persons’ treatment: “I would hope the county would put more funding into housing. Really, if you don’t have the housing, do you really care about the treatment?”

## **4 Parting Words**

For their final comments, participants expressed feeling grateful for the opportunity to share their personal and professional experiences with the mental health system. Despite the difficult challenges and negative experiences brought up during the conversations, most participants left the dialogue feeling optimistic and hopeful about the potential directions for mental health services to take in their communities.

“We are feeding into what will become the new system of care.”

“Grateful for everyone’s openness—both professional and personal.”

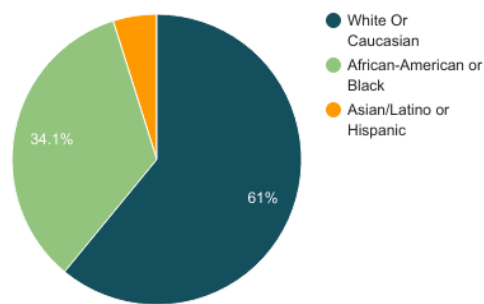
“Hopeful that all these creative minds will inspire BHD in serving [the] mentally ill.”



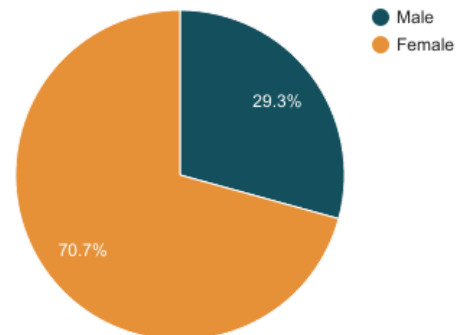
# Participant Feedback Form Responses and Demographics

## 5 Participant Demographics

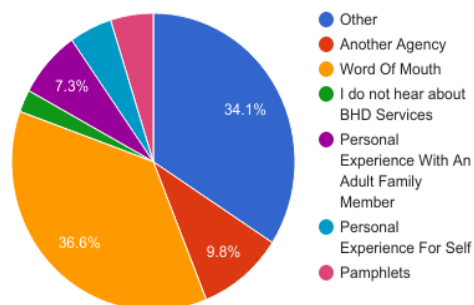
**Race & Ethnicity**



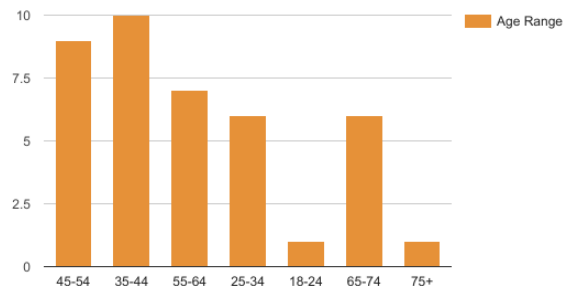
**Gender**



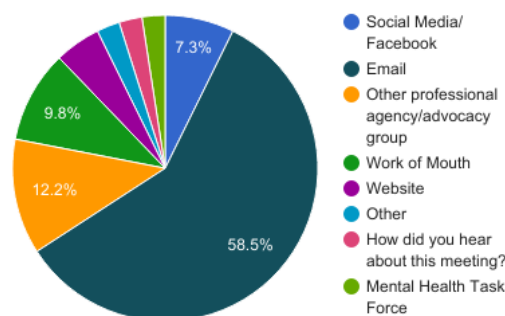
**How have you heard about BHD services**



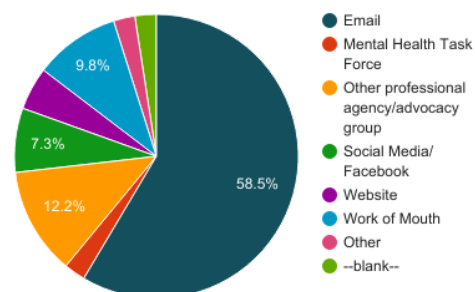
**Age Range**



**Social Media/Facebook**



**How did you hear about this meeting?**



### Zip Code:

Participants came from 25 different zip codes, including: 53105; 53110; 53129; 53146; 53202; 53203; 53204; 53205; 53206; 53207; 53208; 53209; 53210; 53211; 53212; 53213; 53214; 53214; 53215; 53216; 53217; 53218; 53219; 53224; 53225; 53226

## 6 Feedback Form Questions

What did you find most beneficial about this experience?
• All the input
• Being part of the discussion
• Circle guided discussion made sharing easy
• Discussion with individuals who know/interact with BHD from a variety of backgrounds/perspectives
• Engagement + relationship building
• Expressing myself in a smaller since I do not like public speaking
• Feedback from group participants
• Got to hear everybody's different perspective got a good chance to say what i wanted to.
• Great dialogue inter-professional group
• Group discussion
• Hearing concerns from other members of community
• Hearing different perspectives
• Hearing from others about their
• Hearing new perspectives
• Hearing others experiences
• Hearing perspectives of people who access the system from a different direction than me.
• I feel someone is listening and understand my concerns for relatives and friends.
• Information gathering and sharing
• Interesting process. Small grp. Facilitated open dialog but allowed for everyone's voice
• Intimate, personal, openers, non-judgment, positive experience
• It was helpful to hear others points of view but also to be able to voice my opinion.
• Learning about BHD from board members
• Learning about others ideas and resources that already exist
• Learning from real field providers
• Level of commitment by participants
• Listening to a diverse group
• Not feeling like I'm the only one who's frustrated
• Open sharing

• Resources
• Seeing people, but too few concerned
• Sharing thoughts and experiences regarding people w/ mental health
• Small group discussion format
• Small groups
• Talking about mental health in my fam
• Talking w/colleagues
• The depth of the comments by the members in my circle
• The sharing of the challenges the m h professionals fall
• Varied experiences of group members
• Wonderful forum

<b>What questions or comments are you leaving with today?</b>
• A new perspective on the experiences of mental healthcare consumers
• Can be used in mental health
• Exactly how will MHB members consider our input? Will comments we provided be available to public online?
• Finding ways to be more involved
• Got out of this services: Fresh knowledge
• How can we regularly gather this kind of feedback from BHD's patient
• How to get the services I need
• How to increase BHD funding overall
• How will our thoughts & comments be heard?
• I hope BHD is serious about hearing from the community.
• I think these are great
• Keep pushing to continue to have conversation so they can turn into action.
• Learned a lot about behavioral health today
• Many
• N/a
• Thanks for listening
• The advertising gave the expectations of a robust briefing on BHD services + budget 2018. This was not achieved
• The budget-can it be sustained? To fund a job/position i am hoping to apply for.

<ul style="list-style-type: none"> <li>• This was a great forum to give feedback about observation we see in the community w/regards</li> </ul>
<ul style="list-style-type: none"> <li>• What's next - how what will be the follow ups?</li> </ul>
<ul style="list-style-type: none"> <li>• What's next?</li> </ul>
<ul style="list-style-type: none"> <li>• Where can we go from here</li> </ul>
<ul style="list-style-type: none"> <li>• Where do we go from here</li> </ul>
<ul style="list-style-type: none"> <li>• Will what was learned be used</li> </ul>

<b>What gaps do you see in mental health services?</b>
<ul style="list-style-type: none"> <li>• A resource guide on education for community</li> </ul>
<ul style="list-style-type: none"> <li>• Accessibility, person centered care linking medical &amp; mental health &amp; treating them the same</li> </ul>
<ul style="list-style-type: none"> <li>• All of them provided in homes or in and community regs, school counselors</li> </ul>
<ul style="list-style-type: none"> <li>• At BHD</li> </ul>
<ul style="list-style-type: none"> <li>• Better coordinated service</li> </ul>
<ul style="list-style-type: none"> <li>• Better coordination of</li> </ul>
<ul style="list-style-type: none"> <li>• Big brothers/sister school based programs</li> </ul>
<ul style="list-style-type: none"> <li>• Capturing the youth w/ M.H.- in hopes of having a more productive adult life.</li> </ul>
<ul style="list-style-type: none"> <li>• CJF run by MCSO Sheriff Clarke.</li> </ul>
<ul style="list-style-type: none"> <li>• Collaboration more psychiatrists community facilities</li> </ul>
<ul style="list-style-type: none"> <li>• Community &amp; culture specific</li> </ul>
<ul style="list-style-type: none"> <li>• Connecting across county resources - school, mpd, county buildings</li> </ul>
<ul style="list-style-type: none"> <li>• Crisis services for individuals who don't meet criteria for emergency detention</li> </ul>
<ul style="list-style-type: none"> <li>• Every cbs at BHD.</li> </ul>
<ul style="list-style-type: none"> <li>• Found support, comments, coordination with</li> </ul>
<ul style="list-style-type: none"> <li>• Helping people's to see a doctor</li> </ul>
<ul style="list-style-type: none"> <li>• I'm not sure</li> </ul>
<ul style="list-style-type: none"> <li>• More community based services</li> </ul>
<ul style="list-style-type: none"> <li>• More community services housing - structured living</li> </ul>
<ul style="list-style-type: none"> <li>• More early intervention/navigator position</li> </ul>
<ul style="list-style-type: none"> <li>• More holistic resources, more Bilingual/cultural services,</li> </ul>
<ul style="list-style-type: none"> <li>• More if beds more psychiatrists better communication less hippo</li> </ul>
<ul style="list-style-type: none"> <li>• More printing out copies</li> </ul>

• Need more CRC's More team approach to mental health service acknowledge effects of poverty and trauma on mental health
• Need more services overall
• Need the ability to transition between levels of care to be easier for everyone involved.
• Not sure
• Prescribes especially those who
• See notes from all the facilitators
• See notes from comments within group
• Someone to help
• Treatment teams group homes professionally staffed

<b>What mental health services available in the community should be expanded?</b>
• Access # of beds
• All of them
• Cart, Mobil crisis, peer support access clinics north, south, east, west
• Community - based services & resources
• Community saved programs
• Community services
• Crisis resource centers
• Drug/opioid services, community access centers
• First point of contact for a crisis
• For medicines partners
• Home mental health visits
• I don't know of any in the community
• In-home services are critical .
• More services
• Niche' services specific for diagnosis!
• None that I know of I will research
• Outreach?
• Peer specialists crisis resource centers
• Psychiatric, case management, substance use tx
• Satellite clinics
• Substance abuse family support services

## Annex

- 1 **Question/Round 1: “What BHD community services—services you’ve seen or experienced in your personal or professional life—have made an impact in your life or with someone you know? What was the service and what was the impact?”**

### 1.1 Community Services to Address Mental Health Issues

#### 1.1.1 Housing Services

“Professional experience—from support in residential a lot of flaws in the system. We get calls because people are not getting the assistance they need. Some areas are thriving but when people are symptomatic we get calls out of desperation. These are from people who want to dictate what they need, “I want this person to get help and come out the way they were before.” Unfortunately people are confused over state-funded services; a lot are overpopulated and there are waiting lists.”

“There is a need for more group homes for young adults trying to recovery.”

“Exposed to BHD through people I live with. Very difficult to access. Even if patient wants a bed, it very difficult in this city to get a bed. Has had positive experiences with mobile units. Young adults are self-medicating; underlying issue is they’re in crisis. If they can’t get into the system, they grow up living in streets. We wait until sometimes 40 to turn around. Then the homeless are released w/o benefits or resources.”

#### 1.1.2 Trauma Services

“I’ve been in some facilities that have programs to help violent family members that are in crisis. I’ve tried to offer the hotlines to them.”

“Trauma informed services are not [there]. And that's what we're all about. It's a struggle.”

#### 1.1.3 Crisis Services

“I often have to explain to people who call for our services...They don’t know about the services and who to go to; no one can help them to start the process of where to go...It would be great if we could get the word out there for people it’s just a matter of helping them become aware so they don’t come to us hopeless and helpless in a crisis.”

“Young adults are self-medicating; underlying issue is they’re in crisis. If they can’t get into the system, they grow up living in streets. We wait until sometimes 40 to turn around.”

### 1.2 Community and Family Impact on Mental Health

#### 1.2.1 Community and Family Impact on Mental Health

"Lots of prevention work is community driven. For example, substance abuse is affected more by the coalition that is pushing for peer advocacy. Peer advocacy has better results than services comprised of adults talking down to young people."

## 1.2 Law Enforcement Services

"Lots of services are crisis intervention/stabilization. I didn't know that targeted case managers were available until I heard of the SAIL program. It targets individuals in need to bridge the gap between community and incarceration settings."

## 2 Question/Round 2: "What barriers, if any, have you heard about or personally experienced in receiving mental health services?"

### 2.1 Structural Barriers to Receiving Mental Health Services

#### 2.1.1 Costs

"Many of the homeless now have insurance, which makes it more difficult to get them services they need...At shelters we see people needing mental health services but because they have insurance it becomes a barrier to getting the services they need now."

"I'm not sure how to help not having the proper insurance."

"I know people, who because of health insurance issues, avoid having mental health visits on their record. They go out of the system for psychiatric care even though its cost more money."

#### 2.1.2 Transportation and Location of Services

"The location of the facility is very difficult, very unwelcoming. Getting in is hard."

### 2.2 Discontinuation of Care

"Those who wait for access in the mental health capacity – it's a cycle that repeats itself over and over again."

"The wait lists are too long. If a provider ends services then there is a long line of waiting for help. There is a lack of child psychologists in the first place and then there are those that retire. Also there are not enough inpatient beds for children and adolescents."

"Need alternative models for delivering mental health services – not "you have an appointment every Thursday at 4". That model does not work with large chunk of the population."

## 2.3 Stigma

"The stigma [of the need for mental health services] is still a problem."

"I know people who because of health insurance issues avoid having mental health visits on their record. They go out of the system for psychiatric care even though its cost more money."

## 2.4 Education

"I am concerned also about barriers in the education system that does not encourage students to go into medicine, education and social service. We need a more person-centered approach."

"Education is the key. Why aren't we educating the community before they get to crisis?"

"When I'm planning fairs and looking for educational services I don't know where to go to find other services."

"Getting clients to understand why they need to take their medication is also a major issue that needs to be addressed educationally."

## 3 Question/Round 3: How could accessibility to mental health services be improved and the path to treatment clearer?

### 3.1 Improving Awareness to Access

#### 3.1.1 Building Community Awareness

"Community health workers provide services to their peers...We need to educate the community of what is there [in terms of services]."

"Geographically, the mental health service would be ideal if we had access to different facilities on all sides of town, not just in one area where people have to travel so far, and because of that it's hard to get the clients that need the help and that want to come. We need to meet those that are in recovery where they are."

"An integrated services and communication facility where people live, work and play will be a game-changer in Milwaukee."

#### 3.1.2 Building Family Awareness

"Maybe creating something the family can have including info about the resources listing places where to go for help."

"It needs to happen in the family...Told to call 211 instead of any direct lines to services. Need for more niche facilities. System is presently too top-heavy."



"Idea of peer support is important."

### **3.2 Breaking Down Stigma**

"The barrier I see is around stigma"

"We...need for much less shaming and alienating of people when they call [in requesting services]."

### **3.3 Criminal Justice System**

"With my brother, he didn't belong in a facility like that...[H]e sometimes committed crimes to get help because nobody would believe him. Police would ignore him because 'he wasn't harming himself.' But he really was, he wasn't eating well and was really unhealthy. He got help finally when it was too late."

### **3.4 Housing**

"The county internal systems need to work better together, they create internal barriers. For example, a person with mental health problems needs to get the needed assistance to get into housing."

## **4 Connected Conversation: What could BHD or the Mental Health Board do to improve the budget process? Have you heard something that stirred fresh thoughts or feelings? Is there something someone said that you'd like to understand better?**

### **4.1 Historical trauma**

"A lot of what happens in Milwaukee is related to genealogical traumas dating back to slavery..."

### **4.2 Budget**

"Great need for properly staff group homes for people transitioning from in to outpatient status."

"Need for state-wide directory of services for properly staff group homes."